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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7794

FILED MAR 13 1946

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 2065

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6744

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptisit Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Gerald, O
(If outside city or town limits, write "RURAL")

(d) Street No. Rural NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWIN OTTE.

3. (b) If veteran, name war #2

3. (c) Social Security No. 493-03-7476

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Otte

6. (c) Age of husband or wife, if alive 26 years

7. Birth date of deceased Jan. 17, 1903.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	1	11	hr. min.

9. Birthplace Gerald, Missouri O
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Otte O
13. Birthplace Gerald, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kapplemann
15. Birthplace Missouri O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Otte
(b) Address Gerald, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 3/46.
(Month) (Day) (Year)
(c) Place: burial or cremation Gerald, Mo.

18. (a) Signature of funeral director Jos. W Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1946 hour 2.30 minute 2.30P.M.

21. I hereby certify that I attended the deceased from February 12, 1946, to Feb. 28, 1946;
that I last saw him alive on Feb. 28, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Leukemia, Monocytic	6 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

74

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury O

23. Signature Anne T. Goetsch (M. D. or other)
Address 114 N. Taylor Date signed 3/1/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Roland S. Kieffer
4500 Olive St.,
FO. 3800
1-3 P.M.

Dr. Arm. Boetsch
114 N Taylor Ave.

No. 7579

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.